MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO 57880> 10

FILING DATE

(FOR USE WITH FORM PTO-875)

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1*AMENDMENT		AFTER 2 MAMENDMENT		LATIVIS	AS FILED		AFTER 1 AMENDMENT		AFTER 2 ** AMENDMENT		
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